

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID: 11168
Application ID: 09681406
Title of Invention: ROBUST CORONARY MR
ANGIOGRAPHY WITHOUT
RESPIRATORY NAVIGATION
First Named Inventor: Christopher Hardy
Domestic/Foreign Application: Domestic Application
Filing Date: null
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Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: ZKAeLcU8ocdynRrJUuUmgg==
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Deposit Account Number: 70868
Deposit Account Name: Jean K Testa

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: RD-28383

ROBUST CORONARY MR ANGIOGRAPHY WITHOUT RESPIRATORY NAVIGATION

First Named Inventor: Christopher Judson Hardy

SUBMITTED BY

Name: Jean K Testa

Registration Number: 39396

Electronic Signature Mark: JKT Date Signed: 20010330

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

fee-transmittal	TestaRD-28383fee.xml
bibd-transmittal	TestaRD-28383apds.xml
specification	RD-28383.xml
declaration	28383DEC 1.tif

declaration

28383DEC 1.tif

Attached Image File(s):

28383DEC 1.tif

28383Dec 2.tif

2025 RELEASE UNDER E.O. 14176

Comments:

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-28,383

As a below named inventor, I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below next to my name:

I believe I am the original, first, and sole inventor (if only one inventor is named below) or an original, first, and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROBUST CORONARY MR ANGIOGRAPH WITHOUT RESPIRATORY NAVIGATION

the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application			Priority
Claimed			
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 119(e) on any United States Provisional Applications listed below:

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)	(Filing Date)	(Status-patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status-patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, **CUSTOMER NO. 006147**.

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RD-28,383

I hereby declare that all statements made here on my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Middle Name

Last Name

Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 880

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 07-0868



Deposit Account Name: General Electric Company CRD

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge the Issue Fee Set in 37 C.F.R. Section 1.18 at the Mailing of the Notice of Allowance

SUBMITTED BY

Authorized Name: Jean K Testa

Electronic Signature Mark: JKT

Date Signed: 20010330

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 25	103	\$ 18	5	\$ 90
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 170